# 1201000019487

(Re	equestor's Name)	
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### **COVER LETTER**

TO:	Registration Sec Division of Corp			
Over III	Brooks Rea	lty SVC, LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Lowell Larson		
			Name of Person	<del></del>
		Southern Ventures Corpora	ution	
			Firm/Company	<del></del>
		819 Pinedale Road		
			Address	<del></del>
		Fort Walton Beach, FL 325	547	
			City/State and Zip Code	
	•	LLarson@southernventures.		
		E-mail address: (1	to be used for future annual report notifica	ation)
For furth	ner information co	oncerning this matter, please ca	all:	
Lowell	Larson		850 863-3242 at ( )	
	Name o	f Person		elephone Number
Enclose	d is a check for th	ne following amount:		
D <b>/</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brooks Realty SVC, LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our reco ida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 11/09/2001	and assigned
Florida document number L01000019487	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Venture Realty SVC, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		11 12
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		rds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
<del></del>	City	Zip Code

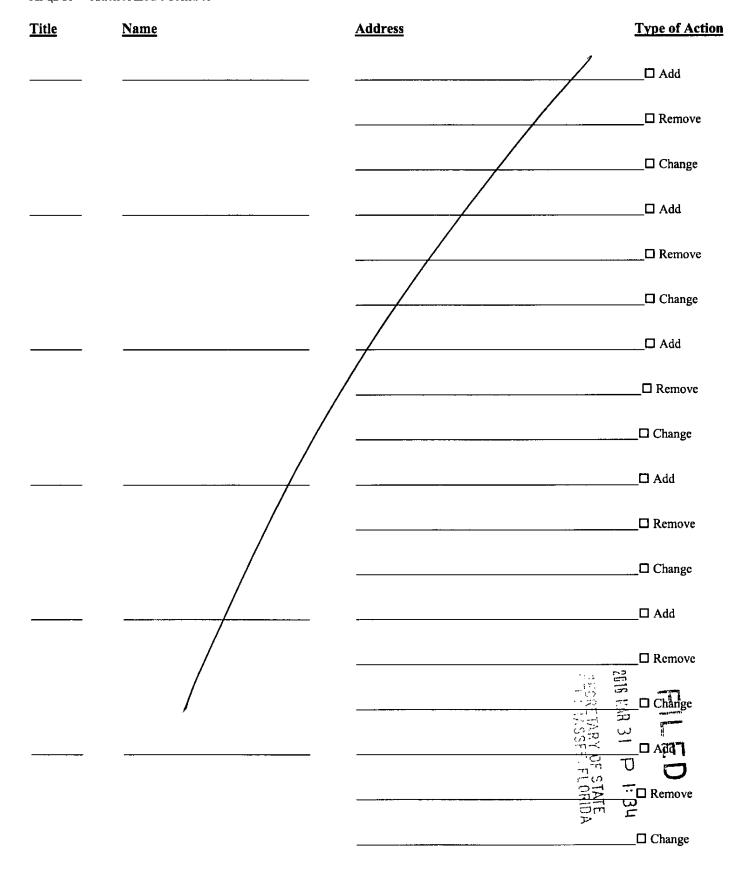
New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if his document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



Effective date, if other than the date of filing:  In effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.6 (weg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.  Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member of printed name of signee  Typed or printed name of signee  Typed or printed name of signee	· · ·	
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